

## MEETING NOTICE

### Emergency Medical Services Regulatory Board EDUCATION STANDARDS POST-TRANSITION WORKGROUP

**10:00 a.m., Thursday, March 3, 2016**

EMSRB – University Park Plaza  
Conference Room A – Fourth Floor  
2829 University Avenue SE, Minneapolis, MN 55414

#### Proposed Agenda

**I. Welcome and Introductions – Ron Lawler, Vice Chair**

Steve Hagstrom, Joanne Ewen, Brad Wright, Serena Totzke-Johnson, Eric Weller, Doug Haffield, Mark Baisley, Heather Grinsteinner, Cathy Anderson, Erin Glover, Pat Lee, Marion Larson, Chad Smith, Suzie Olson, EMSRB Staff – Zappettillo, Hammann-Jacobs. Guests Dustin Turnvol, Heatheast, Robert Ball, Heatheast

**II. Review of Agenda & Notes**

**III. Charge of the Workgroup – Provide Recommendation to the Board for:**

1. Recommendations for Certification of EMTs after March 31, 2016 (Initial & Renewal)
2. Statute and Rule Changes Necessary for Implementation of Recommendations
3. Recommend additional Statute and Rule Changes Needed (Licensure vs. Certification)
4. Recommendations for EMR in Minnesota
5. Education Program Approval and Re-Approval Requirements

**IV. Work Group Charge - 1&2 -**

- Recommendations passed
  - Education provided to the public went well and the Board approved recommendations with some clarification needed on others.
  - Additional education will need to be provided.
  - The 6 recommendations passed were displayed and reviewed.
  - Clarification reviewed that Mark King Initiative is a one-time opportunity, this cycle has not yet been set. We will need to make it very clear to people they will only have a two year period to take advantage of the Mark King.
  - There was also an extension to the sunset date, which is now 2036, as it was felt a 20 year career in EMS is a pretty good career.
  - Some discussion about the 68% folks who were never NREMT. These folks would have to retake a course and the NREMT exam to become nationally registered. This was a group of folks who were allowed state certification during a short time frame of about two years who had 68% on the NREMT exam quite a few years ago.
- Clarification Recommendation 5
  - 5. *Recommend – All National Continued Competency Requirements (NCCR) components are taught by Minnesota Approved Education Programs or as approved by the Board*
    - *Statue stays, Paramedics need 48 hours of CEU's plus ACLS right now.*

**"To protect the public's health and safety through regulation and support of the EMS system. "**

- *The confusion is that if only approved education programs can teach the NCCR component, then there are only 8 programs who are accredited to teach paramedic now in the state. We would be limiting the refresher for paramedics to the 8 paramedic programs in the state.*
- *Eric Weller made the original motion and the question was deferred to for clarification. Robert Ball, HealthEast addressed the group interjecting that HealthEast is requesting that what has been allowed in the past be continued moving forward at the paramedic level. To allow medical directors of services to provide the NCCR components to their paramedics.*
- *There was discussion about locations and conditions that may not allow for Paramedics to receive official refreshers.*
- *Mary: my understanding of Eric's motion was that the NCCR component was applicable to EMT's and would replace the traditional refresher, and would need to be taught by an approved education program. Eric injected, he was not thinking Paramedics at the time of the motion, just EMT's.*
- *EMT – currently those who opt for the 48 hour CEU's to refresh, this must be verified by the Medical Director.*
- *AEMT/Paramedic – the CEU for AEMT and Paramedic is also approved by the Medical Director.*
- *How do we change the statute to allow flexibility, yet continuity?*
  - *EMT level the training officer can approve, currently at the NREMT*
  - *AEMT/Paramedic, must be approved by the MD.*
- *Doug Haffield – there needs to be regulatory component to the NCCR*
- *Eric Weller – I agree with the regulatory component, because I feel the Medical Director piece at times can be loose at best.*
- *Susie Olson – I agree with regulation as well.*
- *EMT's aren't a problem, their refreshers*
- *Eric's amended recommendation would be as follows*
  - *“at EMT, the NCCR component must be taught by an approved education program in MN.”*
  - *Initial certification at Paramedic level must come from an accredited program. The refresher is the confusion, due to the inaccessibility of programs.*
  - *How many paramedic services provide education to their paramedics and it would be hard to say “if you're a big service and provide education with an involved medical director, you can teach, but if you're a rural service without an education program, you can't; that'd be a big issue and not a good solution.” We want to be sure the people being educated are receiving quality education, with Medical Director involvement; and not getting pencil whipped in the end.*
  - *Are we missing a piece between the training and the credentialing? We also need to remember there are many non-traditional roles individuals work in in the EMS field.*
  - *The feeling is that the room wants to keep things primarily “as is” at the BLS level, but how are the medics doing it?*
- *Brad Wright*
  - *All NCCR components at the BLS level are taught by Minnesota Approved Education Programs or educators as approved by the Board.*
  - *“All NCCR recertification for advanced providers (AEMT/Paramedic) must meet NCCR criteria and must be verified by a Medical Director of either a Minnesota approved Paramedic/AEMT education program or of an ambulance service which provides oversight to the AEMT or Paramedic, or as approved by the Board.”*
    - *Brad motion, Joanne second*
    - *Discussion related to EMSRB workload – there will need to be a policy established as to how to approve the components with a checklist and timeline and discussions will need to be had with staff and the Board.*
    - *Change verbiage for ALS to mirror BLS*
    - *Discussion, Eric and Brad are ok with changes*

- *No further discussion – motion carried unanimously, to approve amendments.*
- *The full Board will make a recommendation if statutory changes need to be made and that information will be detailed out by the legislative committee and Board.*

Mary also discussed next steps with NREMT regarding NCCP. There will have to be some process in place for those who chose not to be NREMT's.

#### **V. Work Group Charge - 3**

- Discussion on Licensure versus Certification
- Possible recommendations

#### **VI. Work Group Charge - 4**

- Review Emergency Medical Responder Requirements
  - 144E.27 was reviewed in regards to proposed clean-up language moving education program language back to 144E.285 and out of 144E.27 which pertains to EMR's.
  - The Board Chair has also provided information, that the Board has a duty to provide registration to EMR's and to ensure public safety.
  - 144E.27 – reviewed changes so they align with 144E.28 in a mimic format.
  - If we were to require NR certification for EMR it would create a chilling effect for Law Enforcement, Fire, and other public services agencies, so we don't want to go there.
  - There is a new standard allowing EMR's to work on ambulances.
  - Motion to accept recommended changes in regards to 144E.27 by Eric Weller, second Marion Larson, MCU
  - Review of 144E.283 and 001 – Instructor
    - Adding the word primary and defining primary
    - Discussion about **“planning and/or conducting” under primary instructor.**
  - Review of 144E.285
    - Subdivision 1 – Utilize primary instructors
    - Subdivision 1a – EMR moved from 144E.27
      - The purpose of this is to allow flexibility to programs as long as their instructors meet the definition of primary instructor at the initial level.
      - Discussion about notification of courses prior to the start of the course. EMSRB uses this information in the regulatory process for investigations, inspections, and audits.
  - Motion to accept recommended change in regards to 144E.285, 144E.283, and 001 as submitted with the word and/or to 001. – Motion Ewen, Second Anderson
    - Discussion – Eric Weller, regarding the pass rate of 70% established by the Board in May 2014.
    - Motion carried, Larson abstain.
- Possible recommendations

#### **VII. Work Group Charge – 5**

- Education Program Approval and Re-Approval Requirements
- Possible Recommendations

#### **VIII. Next Meeting Date – ?? action**

#### **IX. Adjourn**

**Note: Documents will be provided at the meeting**

#### **Members Attending**

Cathy Anderson, Mark Baisley, Paula Castleman, Lisa Consie (Chair), Joanne Ewen, Erin Glover, Heather Grinsteinner, Doug Haffield, Steve Hagstrom, Marion Larson, Ron Lawler, Pat Lee, Brett Rima, Chad Smith, Serena Totske-Johnson, Kelly Wanzek, Eric Weller, Brad Wright

If you plan to attend the meeting and need accommodations for a disability, please contact Melody Nagy at (651) 201-2802. In accordance with the Minnesota Open Meeting Law and the *Internal Operating Procedures* of the Emergency Medical Services Regulatory Board, this meeting notice was posted on October 20, 2015.